

**1999 - 2000  
TOBACCO CONTROL**



**PROGRAM SURVEY**

**This Survey is Administered By:**  
THE GALLUP ORGANIZATION

## **INSTRUCTIONS**

All the information you give us in this survey is confidential. This means that it will be kept secret and private. Please do not write your name on the survey. This is not a test. This is your chance to tell us what you think. Please feel free to ask us any questions.

*Read each question carefully.*

*Mark the box next to your answer like this:*



OR



If you have any questions, raise your hand.

## **DEFINITIONS**

**Cigarettes** are tobacco wrapped in paper and smoked.

**Cigars** are tobacco wrapped in tobacco leaves. Often they are larger than cigarettes.

**Snuff** is a powdered substance that comes in cans like Skoal or Copenhagen.

**Chewing tobacco** is shredded tobacco leaves found in pouches like Beechnut or Redman.

**Tobacco use** refers to the use of any type of tobacco such as cigarettes, snuff, or chewing tobacco.

A **non-smoker** is someone who does not smoke cigarettes.

If people get **addicted** to a drug, they get hooked on it. They feel bad (physically and mentally) unless they use the drug every day.

**Second-hand smoke** is smoke from someone else's cigarette that is in the air that you breathe.

**Advertisements** are commercials used to sell products. They may appear in newspapers and magazines, or on TV, radio, and billboards (outdoor signs).

## SECTION A: BACKGROUND

A1.

What is your grade?

☐

4<sup>th</sup> grade

☐

8<sup>th</sup> grade

☐

5<sup>th</sup> grade

☐

9<sup>th</sup> grade

☐

6<sup>th</sup> grade

☐

10<sup>th</sup> grade

☐

7<sup>th</sup> grade

☐

11<sup>th</sup> grade

☐

12<sup>th</sup> grade

A2.

How old are you?

☐

8 years

☐

14 years

☐

9 years

☐

15 years

☐

10 years

☐

16 years

☐

11 years

☐

17 years

☐

12 years

☐

18 years

☐

13 years

☐

19 years or older

A3.

Are you a...?

☐

Boy

☐

Girl

A4.

Did you go to this school last year?

☐

Yes

☐

No

**A5.** How would you describe yourself? (You may mark more than one answer to this question.)

- |   |  |
|---|--|
| <input type="checkbox"/> Latino, Hispanic,<br>Mexican American, or Chicano            | <input type="checkbox"/> Filipino                                    |
| <input type="checkbox"/> Black or African American                                    | <input type="checkbox"/> Japanese                                    |
| <input type="checkbox"/> White  | <input type="checkbox"/> Korean                                      |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Pacific Islander<br>(Guam, Tonga, or Samoa) |
| <input type="checkbox"/> Cambodian  | <input type="checkbox"/> Laotian                                     |
| <input type="checkbox"/> Vietnamese   |  |
| <input type="checkbox"/> American Indian (Native American Indian)<br>or Alaska Native |  |
| <input type="checkbox"/> Other (describe) _____                                       |  |

**A6.** In general, what language do you read and speak?

- ☐ Only English
- ☐ Mostly English
- ☐ 1/2 English and 1/2 another language
- ☐ Mostly another language
- ☐ Only another language

**A7.** What language do you usually speak at home?

- ☐ Only English
- ☐ Mostly English
- ☐ 1/2 English and 1/2 another language
- ☐ Mostly another language
- ☐ Only another language

**A8.** In which language do you usually think?

☐

☐

Only English

Mostly English

1/2 English and 1/2 another language

Mostly another language

☐ Only another language

**A9.** What language do you usually speak with your friends?

☐ Only English

☐ Mostly English

☐ 1/2 English and 1/2 another language

☐ Mostly another language

☐ Only another language

## SECTION B: CIGARETTE USE

**B1.** Have you ever tried cigarette smoking, even a few puffs?

☐ Yes

☐ No

**B2.** Have you ever smoked a whole cigarette?

☐ Yes

☐ No

**B3.** Have you smoked at least 100 cigarettes in your life?

☐ Yes

☐

No

**B4.** Think about the last 30 days. On how many of these days did you smoke cigarettes?

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> 0 days      | <input type="checkbox"/> 10 to 19 days |
| <input type="checkbox"/> 1 or 2 days | <input type="checkbox"/> 20 to 29 days |
| <input type="checkbox"/> 3 to 5 days | <input type="checkbox"/> All 30 days   |
| <input type="checkbox"/> 6 to 9 days |  |

**B5.** Think about the last 30 days. On the days that you did smoke, what was the average number of cigarettes you smoked per day?

- ☐ I did not smoke cigarettes during the past 30 days
- ☐ Less than 1 cigarette per day
- ☐ 1 cigarette per day
- ☐ 2 to 5 cigarettes per day
- ☐ 6 to 10 cigarettes per day
- ☐ 11 to 20 cigarettes per day
- ☐ More than 20 cigarettes per

**B6.** In your whole life, how many times have you tried to quit smoking cigarettes for longer than one day?

- |   |  |
|---|--|
| <input type="checkbox"/> I don't smoke cigarettes               | <input type="checkbox"/> I tried to quit 2 or 3 times    |
| <input type="checkbox"/> I have smoked, but never tried to quit | <input type="checkbox"/> I tried to quit 4 or more times |
| <input type="checkbox"/> I tried to quit one time               |  |

**B7.** During the last year (12 months), have you tried to quit smoking cigarettes for longer than one day?

- ☐ I don't smoke cigarettes
- ☐ Yes
- ☐

No

**B8.** Would you like to quit smoking cigarettes now?

☐ I don't smoke cigarettes

☐ Yes

☐ No

**B9.** Are you seriously thinking of quitting smoking?

☐ I don't smoke cigarettes

☐ Yes, I'm thinking of quitting within the next 30 days

☐ Yes, I'm thinking of quitting within the next 6 months

☐ No, I'm not thinking of quitting

## SECTION C: OTHER TOBACCO USE

**C1.** Have you ever tried chewing tobacco or snuff, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

☐ Yes

☐ No

**C2.** Think about the last 30 days. On how many of those days did you use chewing tobacco or snuff?

☐ 0 days

☐ 10 to 19 days

☐ 1 or 2 days

☐ 20 to 29 days

☐ 3 to 5 days

☐ All 30 days

☐

6 to 9 days

**C3.**

In your whole life, how many times have you tried to quit using chewing tobacco or snuff for longer than one day?

☐

I don't use chewing tobacco or snuff

☐

I have tried to quit one time

☐

I have used chewing tobacco or snuff, but never tried to quit

☐

I have tried to quit 2 or 3 times

☐

I have tried to quit 4 or more times

**C4.**

How many cigars have you smoked in your whole life?

☐

None

☐

2 to 4 cigars

☐

Only a few puffs

☐

5 to 20 cigars

☐

Part or all of one cigar

☐

More than 20 cigars

**C5.**

Think about the last 30 days. On how many of these days did you smoke a cigar?

☐

0 days

☐

10 to 19 days

☐

1 or 2 days

☐

20 to 29 days

☐

3 to 5 days

☐

All 30 days

☐

6 to 9 days

## SECTION D: TOBACCO AVAILABILITY

**D1.**

Do you think it would be easy or hard for you to get cigarettes if you wanted some?

☐

Very easy

☐

Sort of hard

☐

Sort of easy

☐

Very hard



**D2.** Do you think it would be easy or hard for you to get cigarettes from a friend, relative, or a stranger, if you wanted some?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Very easy    | <input type="checkbox"/> Sort of hard |
| <input type="checkbox"/> Sort of easy | <input type="checkbox"/> Very hard    |

**D3.** Do you think it would be easy or hard for you to find a store in your community that would sell you cigarettes, if you wanted some?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Very easy    | <input type="checkbox"/> Sort of hard |
| <input type="checkbox"/> Sort of easy | <input type="checkbox"/> Very hard    |

**D4.** Have you ever bought a pack of cigarettes?

- |   |   |
|---|---|
| <input type="checkbox"/> No                   | <input type="checkbox"/> Yes, only for someone else               |
| <input type="checkbox"/> Yes, only for myself | <input type="checkbox"/> Yes, both for me <u>and</u> someone else |

**D5.** Have you ever bought a single cigarette sold loose out of the pack, one at a time?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**D6.** The last time you smoked, how did you get the cigarettes? (**Be sure to mark one answer only.**)

- |   |   |
|---|---|
| <input type="checkbox"/> I never smoked cigarettes                          | <input type="checkbox"/> A family member <u>gave</u> them to me   |
| <input type="checkbox"/> I bought them myself                               | <input type="checkbox"/> Other people (besides my family or or friends) <u>bought</u> them for me (with my money) |
| <input type="checkbox"/> A friend <u>bought</u> them for me (with my money) | <input type="checkbox"/> Other people (besides my family or friends) <u>gave</u> them to me                       |
| <input type="checkbox"/> A friend <u>gave</u> them to me                    | <input type="checkbox"/> I took them from a <u>store</u> without permission                                       |
| <input type="checkbox"/> A family member <u>bought</u> them for me          |   |

(with my money)

☐ I took them from a person without permission

☐ Other (describe) \_\_\_\_\_

**D7.**

The last time you bought cigarettes, where did you buy them? (**Be sure to mark one answer only.**)

☐ I never bought cigarettes

☐ A large store such as a supermarket (like Safeway or Ralphs)

☐ A small market or neighborhood grocery store

☐ A convenience store (like 7-11)

☐ A gas station mini-mart (like AM/PM)

☐ A liquor store

☐ A drug store (like Sav-On or Thrifty)

☐ A vending machine

☐ On the Internet

☐ Other (describe) \_\_\_\_\_

**D8.**

During the last 30 days, have you been asked to show proof of your age (such as an ID) when you bought or tried to buy cigarettes?

☐ I did not buy or try to buy cigarettes in a store during the last 30 days

☐ Yes, I was asked to show proof of my age

☐ No, I was not asked to show proof of my age

**D9.**

During the last 30 days, has anyone refused to sell you cigarettes?

☐ I did not try to buy cigarettes during the last 30 days

☐ Yes, someone refused to sell me cigarettes

☐ No, no one refused to sell me cigarettes

**D10.**

Suppose that you went to 10 stores in your community that sell cigarettes or chewing tobacco. How many of those stores do you think would sell cigarettes or chewing tobacco to you?

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 0 stores | <input type="checkbox"/> 6 stores  |
| <input type="checkbox"/> 1 store  | <input type="checkbox"/> 7 stores  |
| <input type="checkbox"/> 2 stores | <input type="checkbox"/> 8 stores  |
| <input type="checkbox"/> 3 stores | <input type="checkbox"/> 9 stores  |
| <input type="checkbox"/> 4 stores | <input type="checkbox"/> 10 stores |
| <input type="checkbox"/> 5 stores |                                    |

**D11.**

Do you think it would be easy or hard for you to get chewing tobacco or snuff if you wanted some?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Very easy    | <input type="checkbox"/> Sort of hard |
| <input type="checkbox"/> Sort of easy | <input type="checkbox"/> Very hard    |

The last time you used chewing tobacco or snuff, how did you get it? **(Be sure to mark one answer only.)**

- |  |   |
|--|---|
| <input type="checkbox"/> I never used chewing tobacco or snuff                   | <input type="checkbox"/> A family member <u>gave</u> it to me   |
| <input type="checkbox"/> I bought it myself                                      | <input type="checkbox"/> Other people (besides my family or friends) <u>bought</u> it for me              |
| <input type="checkbox"/> A friend <u>bought</u> it for me (with my money)        | <input type="checkbox"/> Other people (besides my family or friends) <u>gave</u> it to me (with my money) |
| <input type="checkbox"/> A friend <u>gave</u> it to me                           | <input type="checkbox"/> I took it from a <u>store</u> without permission                                 |
| <input type="checkbox"/> A family member <u>bought</u> it for me (with my money) | <input type="checkbox"/> I took it from a <u>person</u> without permission                                |
|  | <input type="checkbox"/> Other (describe)_____  |

**D13.**

The last time you bought chewing tobacco or snuff, where did you buy it?  
(Be sure to mark one answer only.)

- ☐ I never bought chewing tobacco or snuff
- ☐ A large store such as a supermarket (like Safeway or Ralphs)
- ☐ A small market or neighborhood grocery store
- ☐ A convenience store (like 7-11)
- ☐ A gas station mini-mart (like AM/PM)
- ☐ A liquor store
- ☐ A drug store (like Sav-On or Thrifty)
- ☐ A vending machine
- ☐ On the Internet
- ☐ Other (describe) \_\_\_\_\_

**D14.**

Do you think it would be easy or hard for you to get cigars if you wanted some?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Very easy    | <input type="checkbox"/> Sort of hard |
| <input type="checkbox"/> Sort of easy | <input type="checkbox"/> Very hard    |

Have you ever visited the World Wide Web on the Internet?

- ☐ Yes
- ☐ No
- ☐ I don't know

During the last year (12 months), have you tried to buy cigarettes on the Internet?

- ☐ Yes
- ☐ No
- ☐

I don't remember

## SECTION E: EXPOSURE TO SMOKE

**E1.** Think about the last 7 days. On how many of those days were you in the same room with someone who was smoking cigarettes?

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day  | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

**E2.** Again, think about the last 7 days. On how many of those days were you in the same room with someone, outside of your home, who was smoking cigarettes?

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day  | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

**E3.** Again, think about the last 7 days. On how many days did you ride in a car with someone who was smoking cigarettes?

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day  | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

## SECTION F: ISSUES

**INSTRUCTIONS:**

*For the next set of questions, we will be asking about issues in your community. Your community is the area where you live. (For example, your neighborhood, town or city.)*

**F1.** In your community, how serious of a problem is it that young people can get tobacco products?

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Very serious | <input type="checkbox"/> Sort of serious    |
| <input type="checkbox"/> Serious      | <input type="checkbox"/> Not at all serious |

**F2.** In your community, how serious of a problem is it that non-smokers breathe in other people's smoke?

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Very serious | <input type="checkbox"/> Sort of serious    |
| <input type="checkbox"/> Serious      | <input type="checkbox"/> Not at all serious |

**F3.** In your community, how serious of a problem is it that tobacco products are advertised in many areas of your community?

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Very serious | <input type="checkbox"/> Sort of serious    |
| <input type="checkbox"/> Serious      | <input type="checkbox"/> Not at all serious |

## **SECTION G: OPINIONS ABOUT TOBACCO**

**G1.** Do you think that people can get addicted to tobacco just like they can get addicted to a drug like heroin?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**G2.** Do you think that breathing in smoke from someone else's cigarette (second-hand smoke) can cause lung cancer in a non-smoker?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**G3.**

Do you think that cigarette advertisements make young people want to start smoking?

☐ Yes, definitely

☐ Probably not

☐ Yes, maybe

☐ No

## SECTION H: ATTITUDES

**H1.**

Do you think tobacco companies try to get people addicted to cigarettes?

☐ Yes, definitely

☐ Probably not

☐ Yes, maybe

☐ No

**H2.**

If tobacco companies knew for sure that smoking hurts people, do you think they would stop selling cigarettes?

☐ Yes, definitely

☐ Probably not

☐ Yes, maybe

☐ No

**H3.**

Do you think local communities should strongly enforce laws that prevent people from selling cigarettes to youth under age 18?

☐ Yes, definitely

☐ Probably not

☐ Yes, maybe

☐ No

**H4.**

Do you think that youth under 18 should be made to pay fines if they are caught buying cigarettes?

☐ Yes, definitely

☐ Probably not

☐ Yes, maybe

☐ No

**H5.**

Do you think schools should expel youth who are caught smoking cigarettes?

☐

☐

Yes, definitely

☐

Probably not

Yes, maybe

☐

No

**H6.**

Do you think youth should not be allowed to wear clothing or carry gear at school that has a tobacco company name or picture on it?

☐

Yes, definitely

☐

Probably not

☐

Yes, maybe

☐

No

**H7.**

Do you think that tobacco advertising should not be allowed in places where youth will see it (for example, at sports or community events, on billboards, and in magazines read by youth)?

☐

Yes, definitely

☐

Probably not

☐

Yes, maybe

☐

No

## SECTION I: CONSEQUENCES OF SMOKING

### *INSTRUCTIONS:*

*Below are sentences about the results of smoking. What do you think about each one?*

**I1.**

Smoking cigarettes makes teeth yellow.

☐

Yes, definitely

☐

Probably not

☐

Yes, maybe

☐

No

**I2.**

Smoking cigarettes is one way to lose friends who are nonsmokers.

☐

Yes, definitely

☐

Probably not

☐

Yes, maybe

☐

No

**I3.**

Smoking cigarettes makes people smell bad.



- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**I4.** Smokers have shorter lives than nonsmokers.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**I5.** Smokers have less energy than nonsmokers.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**I6.** Young people who smoke cigarettes are more grown-up.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**I7.** Young people who smoke cigarettes have more friends.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**I8.** Smoking cigarettes makes young people more relaxed.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**I9.** Smoking cigars is just as harmful as smoking cigarettes.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**I10.**

Smoking cigarettes makes young people look cool.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**I11.**

Tobacco companies try to get young people to start smoking by using advertisements that are attractive to young people.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**I12.**

Smoking cigarettes is a good way to keep your weight down.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Yes, maybe      | <input type="checkbox"/> No           |

**I13.**

Smoking cigarettes makes asthma worse.

- |  |
|--|
| <input type="checkbox"/> True                      |
| <input type="checkbox"/> False                     |
| <input type="checkbox"/> I don't know/I'm not sure |

**I14.**

Teenagers are too young to get addicted to cigarettes.

- |  |
|--|
| <input type="checkbox"/> True                      |
| <input type="checkbox"/> False                     |
| <input type="checkbox"/> I don't know/I'm not sure |

**I15.**

A pregnant woman can harm her unborn baby if she smokes cigarettes.

- ☐ True
- ☐ False
- ☐ I don't know/I'm not sure

**I16.** Breathing in smoke from someone else's cigar can cause lung cancer.

- ☐ True
- ☐ False
- ☐ I don't know/I'm not sure

**I17.** Most young people do not smoke cigarettes.

- ☐ True
- ☐ False
- ☐ I don't know/I'm not sure

**I18.** Nicotine is the only harmful substance in tobacco.

- ☐ True
- ☐ False
- ☐ I don't know/I'm not sure

**I19.** Some forms of tobacco do not contain nicotine.

- ☐ True
- ☐ False
- ☐ I don't know/I'm not sure

## SECTION J: SOCIAL INFLUENCES

**J1.** How would your best friends act toward you if you smoked cigarettes?

☐ Very friendly

☐ Unfriendly

☐ Friendly

☐ Very unfriendly

**INSTRUCTIONS:**

*The next set of questions ask you to think about 100 students your age. Imagine that 3 classrooms of students were all together in the same place (like the school auditorium). That would be about 100 students.*

**J2.** Out of every 100 students your age, how many do you think smoke cigarettes once a month or more?

☐ None of them

☐ About 60

☐ About 10

☐ About 70

☐ About 20

☐ About 80

☐ About 30

☐ About 90

☐ About 40

☐ About 100

☐ About 50

**J3.** Do most people your age think it's OK to smoke cigarettes once in a while?

☐ Yes, definitely

☐ Probably not

☐ Yes, maybe

☐ No

**J4.**

Out of every 100 students your age, how many do you think use chewing tobacco or snuff once a month or more?

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> None of them | <input type="checkbox"/> About 60  |
| <input type="checkbox"/> About 10     | <input type="checkbox"/> About 70  |
| <input type="checkbox"/> About 20     | <input type="checkbox"/> About 80  |
| <input type="checkbox"/> About 30     | <input type="checkbox"/> About 90  |
| <input type="checkbox"/> About 40     | <input type="checkbox"/> About 100 |
| <input type="checkbox"/> About 50     |                                    |

**J5.**

Out of every 100 students your age, how many do you think smoke cigars once a month or more?

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> None of them | <input type="checkbox"/> About 60  |
| <input type="checkbox"/> About 10     | <input type="checkbox"/> About 70  |
| <input type="checkbox"/> About 20     | <input type="checkbox"/> About 80  |
| <input type="checkbox"/> About 30     | <input type="checkbox"/> About 90  |
| <input type="checkbox"/> About 40     | <input type="checkbox"/> About 100 |
| <input type="checkbox"/> About 50     |                                    |

**J6.**

Out of every 100 adults in your community, how many do you think smoke cigarettes every day or almost every day?

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> None of them | <input type="checkbox"/> About 60  |
| <input type="checkbox"/> About 10     | <input type="checkbox"/> About 70  |
| <input type="checkbox"/> About 20     | <input type="checkbox"/> About 80  |
| <input type="checkbox"/> About 30     | <input type="checkbox"/> About 90  |
| <input type="checkbox"/> About 40     | <input type="checkbox"/> About 100 |
| <input type="checkbox"/> About 50     |                                    |

## SECTION K: FRIENDS AND TOBACCO USE

**K1.**

How many of your best friends smoke cigarettes?

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> None  | <input type="checkbox"/> Some  |
| <input type="checkbox"/> A few | <input type="checkbox"/> A lot |

**K2.**

During the last month (30 days), how many times have you been offered a cigarette?

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> None    | <input type="checkbox"/> 3 or 4 times    |
| <input type="checkbox"/> 1 time  | <input type="checkbox"/> 5 or more times |
| <input type="checkbox"/> 2 times |  |

**K3.** The last time you were offered a cigarette, who offered it? **(Be sure to mark one answer only.)**

- |  |   |
|--|---|
| <input type="checkbox"/> I have never been offered a cigarette | <input type="checkbox"/> A young person <u>I do not know well</u> |
| <input type="checkbox"/> A brother or sister                   | <input type="checkbox"/> An adult <u>I do not know well</u>       |
| <input type="checkbox"/> A cousin                              | <input type="checkbox"/> An adult <u>I know well</u>              |
| <input type="checkbox"/> One of my friends                     | <input type="checkbox"/> Other (specify)_____                     |

**K4.** If one of your best friends were to offer you a cigarette, would you smoke it?

- |   |   |
|---|---|
| <input type="checkbox"/> Definitely yes | <input type="checkbox"/> Probably not   |
| <input type="checkbox"/> Probably yes   | <input type="checkbox"/> Definitely not |

**K5.** At any time during the next year (12 months), do you think you will smoke a cigarette?

- |   |   |
|---|---|
| <input type="checkbox"/> Definitely yes | <input type="checkbox"/> Probably not   |
| <input type="checkbox"/> Probably yes   | <input type="checkbox"/> Definitely not |

**K6.** At any time during the next year (12 months), do you think you will use chewing tobacco or snuff ?

- |   |   |
|---|---|
| <input type="checkbox"/> Definitely yes | <input type="checkbox"/> Probably not   |
| <input type="checkbox"/> Probably yes   | <input type="checkbox"/> Definitely not |

**K7.** At any time during the next year (12 months), do you think you will smoke a cigar?

- |   |   |
|---|---|
| <input type="checkbox"/> Definitely yes | <input type="checkbox"/> Probably not   |
| <input type="checkbox"/> Probably yes   | <input type="checkbox"/> Definitely not |

**K8.** If one of your best friends were to offer you a cigar, would you smoke it?

☐ Definitely yes

☐ Probably not

☐ Probably yes

☐ Definitely not

## SECTION L: SCHOOL PROGRAMS

### INSTRUCTIONS:

*In this section, we ask about school activities that happened during the last year (12 months). When you are answering these questions, think about last school year and what has happened so far during this school year.*

**L1.** During the last year (12 months), did you have any school lessons about tobacco use?

☐ Yes

☐ No

☐ I don't know/I'm not sure

**L2.** During the last year (12 months), did a guest speaker (for example, a nurse or someone from your community) talk to your class about tobacco use?

☐ Yes

☐ No

☐ I don't know/I'm not sure

**L3.** During the last year (12 months), did you go to a school assembly or event about tobacco use?



- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**L4.** During the last year (12 months), did your school celebrate a special day called "Great American Smoke-out" or "Smoke Scream"?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**L5.** During the last year (12 months), did you practice different ways to say "no" to tobacco offers during any class at school (for example, in role plays)?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**L6.** During the last year (12 months), did your school have a contest about tobacco use (for example, a poster or essay contest)?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**L7.** During the last year (12 months), did you discuss cigars during any of your classes?

- ☐ Yes
- ☐
- ☐

No

I don't know/I'm not sure

**L8.** During the last year (12 months), did you discuss the reasons why people your age smoke during any of your classes?

☐

Yes

☐

No

☐

I don't know/I'm not sure

**L9.** During the last year (12 months), did you discuss how many people your age smoke during any of your classes?

☐

Yes

☐

No

☐

I don't know/I'm not sure

**L10.** During the last year (12 months), did you discuss the effects of cigarette smoking on your body during any of your classes?

☐

Yes

☐

No

☐

I don't know/I'm not sure

**L11.** During the last year (12 months), did you discuss the effects of second-hand smoke during any of your classes?

☐

Yes

☐

No

☐

I don't know/I'm not sure

**L12.** During the last year (12 months), was the information you received in school helpful in making decisions about tobacco use?

- ☐ Yes, very helpful
- ☐ Yes, sort of helpful
- ☐ No, not very helpful at all
- ☐ No, not helpful at all
- ☐ During the last year, I have not received any information in school about tobacco

**L13.** Does your school have peer educators or peer helpers (other high school students who are trained to help students with tobacco problems)?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**L14.** During the last year (12 months), did a peer educator or peer helper come to one of your classes to talk about tobacco use?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**L15.** Does your school have any special groups or classes for students who want to quit using tobacco?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**L16.**

During the last year, did you do any of the following to quit using tobacco?  
(Mark all that apply.)

- ☐ I do not use tobacco
- ☐ Go to a special group or class at your school for students who want to quit using tobacco
- ☐ Talk to an adult at your school about how to quit using tobacco
- ☐ Talk to a peer helper at your school about how to quit using tobacco
- ☐ Go to a special group or class outside of school for people who want to quit using tobacco
- ☐ None of these

**L17.** Are there teachers or other adults at your school that you could talk to if you had a tobacco use problem?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**L18.** Are there support groups at your school that you could go to for help if you had a tobacco use problem?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**L19.** What grades did you get in school last year?

Mostly A's

☐

C's and D's

☐

☐☐

A's and B's

Mostly D's

☐

Mostly B's

☐

D's and F's

☐

B's and C's

☐

Mostly F's

☐

Mostly C's

## SECTION M: MASS MEDIA

### INSTRUCTIONS:

The next set of questions ask you about commercials (advertisements). You will notice that some questions ask you to mark one answer only, and some questions allow you to mark more than one answer. Please be sure to follow the instructions for each question.

**M1.**

When you watch TV, how often do you see people smoking? (**Be sure to mark one answer only.**)

☐

A lot

☐

Never

☐

Sometimes

☐

I never watch TV

☐

Hardly ever

☐

I don't know/I'm not sure

**M2.**

When you see or hear commercials in the media (on radio, television, or billboards) how often do you see or hear commercials about the dangers of smoking or chewing tobacco? (**Be sure to mark one answer only.**)

☐

A lot

☐

Never

☐

Sometimes

☐

I don't know/I'm not sure

☐

Hardly ever

**M3.**

During the past year (12 months), have you seen a television commercial in which several tobacco company business men raise their hands, swear an OATH before the U.S. Congress, and then talk about cigarette smoking?

☐

Yes

☐☐

No

I don't know/I'm not sure

**M4.**

What is the one most important message the OATH commercial (in Question M3) wanted you to learn? (**Be sure to mark one answer only.**)

- ☐ I did not see this commercial
- ☐ The tobacco industry lies about how hard it is to quit smoking
- ☐ The tobacco industry does not believe that second-hand smoke is harmful to people standing near a smoker
- ☐ I saw the commercial, but I'm not sure what it was about

**M5.**

Did you talk to anyone about the OATH commercial (in Question M3)? (**Mark all that apply.**)

- ☐ I did not see this commercial
- ☐ I talked to my close friends about it
- ☐ I talked to other young people about it
- ☐ I talked to adults about it
- ☐ I saw it, but I did not talk to anyone about it

**M6.**

As a result of seeing the OATH commercial (in Question M3), did you do any of the following? (**Mark all that apply.**)

- ☐ I did not see this commercial
- ☐

I thought about not smoking

☐ I thought about asking others to not smoke

☐ I saw the commercial, but I did not do either of these things

**M7.**

During the past year (12 months), have you seen a television commercial in which a young child is using alphabet BLOCKS to spell out the names of health problems? **(Be sure to mark one answer only.)**

☐ Yes

☐ No

☐ I don't know/I'm not sure

**M8.**

What is the one most important message that the BLOCKS commercial (in Question M7) wanted you to learn? **(Be sure to mark one answer only.)**

- ☐ I did not see this commercial
- ☐ There is a new reading program that teaches young children about health problems like asthma
- ☐ When children are around cigarette smoke, it can cause them to have health problems
- ☐ I saw the commercial, but I'm not sure what it was about

**M9.**

How often have you seen the BLOCKS commercial (in Question M7)? **(Be sure to mark one answer only.)**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> A lot       | <input type="checkbox"/> Never                     |
| <input type="checkbox"/> Sometimes   | <input type="checkbox"/> I don't know/I'm not sure |
| <input type="checkbox"/> Hardly ever |  |

**M10.**

Did you talk to anyone about the BLOCKS commercial (in Question M7)? **(Mark all that apply.)**

- ☐ I did not see this commercial
- ☐ I talked to my close friends about it
- ☐ I talked to other young people about it
- ☐ I talked to adults about it
- ☐ I saw it, but I did not talk to anyone about it



**M11.** During the past year (12 months), have you see a television commercial in which a woman named DEBBIE is smoking through a hole in her throat?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**M12.** What is the one most important message the DEBBIE commercial (in Question M11) wanted you to learn? **(Be sure to mark one answer only.)**

- ☐ I did not see this commercial
- ☐ Its very hard to quit smoking, even though the tobacco industry says it isn't hard
- ☐ People who have operations on their throats should be allowed to smoke if they want to
- ☐ I saw the commercial, but I'm not sure what it was about

**M13.** Did you talk to anyone about the DEBBIE commercial (in Question M11)? **(Mark all that apply.)**

- ☐ I did not see this commercial
- ☐ I talked to my close friends about it
- ☐ I talked to other young people about it
- ☐ I talked to adults about it
- ☐ I saw it, but I did not talk to anyone about it

**M14.** As a result of seeing the DEBBIE commercial (in Question M11), did you do any of the following? **(Mark all that apply.)**

- ☐ I did not see this commercial
- ☐ I thought about not smoking
- ☐ I thought about asking others to not smoke
- ☐ I saw the commercial, but I did not do either of these things

**M15.** When you go to sports events, fairs, or community events, how often do you see signs for cigarettes or chewing tobacco? **(Be sure to mark one answer only.)**

- ☐ I never go to sports events, fairs, or community events
- ☐ A lot
- ☐ Sometimes
- ☐ Hardly ever
- ☐ Never
- ☐ I don't know/I'm not sure

**M16.** When you go to a small market, convenience store (like 7-11), or gas station mini-mart (like AM/PM), how often do you see advertisements for cigarettes or chewing tobacco, or items like sports gear, t-shirts, hats, sunglasses, lighters, or ashtrays that have tobacco company names or pictures on them? **(Be sure to mark one answer only.)**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> A lot       | <input type="checkbox"/> Never   |
| <input type="checkbox"/> Sometimes   | <input type="checkbox"/> I never go to a small market, convenience store, or gas station mini-mart |
| <input type="checkbox"/> Hardly ever | <input type="checkbox"/> I don't know/I'm not sure   |

**M17.** How often do you see other young people wearing clothing or carrying gear, like t-shirts, lighters, gym bags, hats, or sunglasses, that have tobacco company name or picture on it? **(Be sure to mark one answer only.)**

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> A lot | <input type="checkbox"/> Never |
| <input type="checkbox"/>       | <input type="checkbox"/>       |

Sometimes

I don't know/I'm not sure

☐

A little

**M18.**

Some tobacco companies make items like sports gear, t-shirts, lighters, hats, jackets, and sunglasses that people can buy or receive for free. How many items do you own that have a tobacco company name or picture on it? **(Be sure to mark one answer only.)**

☐

None

☐

4 or more items

☐

1 item

☐

I don't know/I'm not sure

☐

2 or 3 items

**M19.**

How did you get the most recent tobacco company item that you have? **(Be sure to mark one answer only.)**

☐

I don't have one

☐

Handout at a fair, festival, or event

☐

Gift from a friend or relative

☐

Received as a prize in a game

☐

From sending in coupons or parts of a tobacco package

☐

From the Internet

☐

Found it

☐

As part of a cigarette package

☐

Other (describe) \_\_\_\_\_

**M20.**

Have you ever received any of the following in the mail? **(Mark all that apply.)**

☐

Free single cigarette or pack of cigarettes

☐

A survey from a tobacco company

☐

A coupon from a tobacco company

☐

A gift from a tobacco company

☐ A product catalog from a tobacco company

☐ None of these

**M21.** Do you think you would ever use or wear something that has a tobacco company name or picture on it such as a lighter, t-shirt, hat, or sunglasses? **(Be sure to mark one answer only.)**

☐ Yes, definitely

☐ Probably not

☐ Yes, maybe

☐ No

**M22.** During the past year (12 months), have you see a television commercial in which a BOY, talking sadly, remembers things about his father who died from cancer?

☐ Yes

☐ No

☐ I don't know/I'm not sure

**M23.** What is the one most important message that the BOY commercial (in Question M22) wanted you to learn? **(Be sure to mark one answer only.)**

☐ I did not see this commercial

☐ The father died because he was around too many smokers at work

☐ The tobacco industry hurts more than just smokers. It also hurts their families.

☐ I saw the commercial, but I'm not sure what it was about

**M24.** Did you talk to anyone about the BOY commercial (in Question M22)? (**Mark all that apply.**)

- ☐ I did not see this commercial
- ☐ I talked to my close friends about it
- ☐ I talked to other young people about it
- ☐ I talked to adults about it
- ☐ I saw it, but I did not talk to anyone about it

**M25.** As a result of seeing the BOY commercial (in Question M22), did you do any of the following? (**Mark all that apply.**)

- ☐ I did not see this commercial
- ☐ I thought about not smoking
- ☐ I thought about asking others to not smoke
- ☐ I saw the commercial, but I did not do either of these things

**M26.** How often have you seen the BOY commercial (in Question M22) on television? (**Be sure to mark one answer only.**)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> A lot       | <input type="checkbox"/> Never                     |
| <input type="checkbox"/> Sometimes   | <input type="checkbox"/> I don't know/I'm not sure |
| <input type="checkbox"/> Hardly ever |  |

**M27.** During the past year (12 months), have you seen a billboard sign with a picture of a SAD BOY and words that talk about how the boy's dad was hurt by tobacco?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**M28.** What is the one most important message the SAD BOY billboard (in Question M27) wanted you to learn? (**Be sure to mark one answer only.**)

- ☐ I did not see this billboard
- ☐ There is a 1-800 telephone number you can call to report illegal smoking in work places
- ☐ There is a 1-800 telephone number you can call to talk about being hurt by tobacco
- ☐ I saw the billboard, but I'm not sure what it was about

**M29.** As a result of seeing the BOY television commercial (in Question M22) or the SAD BOY billboard (in Question M27), did you call the 1-800-4AVOICE telephone number?

- ☐ I did not see this television commercial or billboard
- ☐ Yes, I called the 1-800-4AVOICE number
- ☐ No, I did not call the 1-800-4AVOICE number
- ☐ I don't know/I'm not sure

**M30.** During the past year (12 months), have you seen a billboard sign in which a COWBOY in a red shirt leans against a fence and talks on a cell phone?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**M31.** What is the one most important message the COWBOY billboard (in Question 30) wanted you to learn?

- ☐ I did not see this billboard
- ☐

There is a 1-800 telephone number you can call to report sales of tobacco to young people

☐ There is a 1-800 telephone number you can call to stop smoking

☐ I saw the billboard, but I'm not sure what it was about

**M32.**

Did you talk to anyone about the COWBOY billboard (in Question M30)?  
(Mark **all** that apply.)

☐ I did not see this billboard

☐ I talked to my close friends about it

☐ I talked to other young people about it

☐ I talked to adults about it

☐ I saw the billboard, but I did not talk to anyone about it

**M33.**

During the past year (12 months), have you seen a television commercial in which a business man is catching FISH off a dock and throwing them into a pile?

☐ Yes

☐ No

☐ I don't know/I'm not sure

**M34.**

What is the one most important message the FISH commercial (in Question M33) wanted you to learn? (Be sure to mark **one** answer only.)

☐ I did not see this commercial

☐ Recreational activities like fishing reduce stress more than smoking does

☐

The tobacco industry wants you to smoke and does not care about your health

☐ I saw the commercial, but I'm not sure what it was about

**M35.** When you see billboards (outdoor signs), how often do you see advertisements for cigarettes or chewing tobacco? (**Be sure to mark one answer only.**)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> A lot       | <input type="checkbox"/> Never                     |
| <input type="checkbox"/> Sometimes   | <input type="checkbox"/> I never see billboards    |
| <input type="checkbox"/> Hardly ever | <input type="checkbox"/> I don't know/I'm not sure |

**M36.** During the past year (12 months), did you see a video in school that showed several commercials, in a row, about the dangers of cigarette smoking?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**M37.** On a typical school day, from the time you get up to the time you go to bed, about how many hours do you usually watch television?

- ☐ Less than one hour a day
- ☐ One to three hours a day
- ☐ Four to six hours a day
- ☐ Over six hours a day

## SECTION N: RULES ABOUT SMOKING

**N1.** Is there a rule at your school that no one is allowed to smoke cigarettes in the school building or on the school yard?

- ☐ Yes
- ☐ No
- ☐



I don't know/I'm not sure

**N2.** Have you seen any students break that rule?

☐

Yes

☐

I don't know/I'm not sure

☐

No

☐

My school does not have a no-smoking rule

**N3.** How many students who are smokers break that rule?

☐

None

☐

All of them

☐

A few

☐

My school does not have a no-smoking rule

☐

Some

☐

I don't know/I'm not sure

☐

Most

**N4.** Have you seen any adults break that rule?

☐

Yes

☐

I don't know/I'm not sure

☐

No

☐

My school does not have a no-smoking rule

**N5.** Is there a rule at your school that no one is allowed to use chewing tobacco or snuff in the school building or on the school yard?

☐

Yes

☐

No

☐

I don't know/I'm not sure

**N6.** Have you seen any students break that rule?

☐ Yes

☐ I don't know/I'm not sure

☐ No

☐ My school does not have a no-chewing tobacco or snuff rule

**N7.** Have you ever seen signs at your school that say "Tobacco Use is Not Allowed"?

☐ Yes

☐ No

☐ I don't know/I'm not sure

**N8.** At your school, are students allowed to wear or use something that has a tobacco company name or picture on it?

☐ Yes

☐ No

☐ I don't know/I'm not sure

**N9.**

During the last year (12 months), how many times have you asked someone not to smoke around you?

- ☐ I have not been around someone smoking during the last year
- ☐ I was around someone smoking, but I never asked them not to smoke
- ☐ I asked someone not to smoke once or twice
- ☐ I asked someone not to smoke several times
- ☐ I asked someone not to smoke many times

**N10.**

The last time you asked someone not to smoke, who was the person?

- |  |   |
|--|---|
| <input type="checkbox"/> I have never asked someone not to smoke around me | <input type="checkbox"/> A young person <u>I do not know well</u> |
| <input type="checkbox"/> A brother or sister                               | <input type="checkbox"/> An adult <u>I do not know well</u>       |
| <input type="checkbox"/> A cousin  | <input type="checkbox"/> An adult <u>I know well</u>              |
| <input type="checkbox"/> One of my friends                                 | <input type="checkbox"/> Other (specify) _____                    |

**N11.**

During the last year (12 months), has someone asked you not to smoke around them?

- ☐ I don't smoke
- ☐ Yes, someone asked me not to smoke
- ☐ No, no one asked me not to smoke

## **SECTION O: COMMUNITY PROGRAMS**

**INSTRUCTIONS:**

*For the next set of questions we will be asking about activities that may have taken place in your community in the past year (12 months). Your community is the area where you live (for example, your neighborhood, town or city). When you are answering these questions, think about activities that happened outside of school.*

**O1.** During the past year (12 months), have you heard about programs in your community to help people quit smoking (outside of school)?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**O2.** During the past year (12 months), how often have you participated in tobacco prevention activities outside of school?

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Never   | <input type="checkbox"/> 3 times         |
| <input type="checkbox"/> 1 time  | <input type="checkbox"/> 4 or more times |
| <input type="checkbox"/> 2 times |  |

**O3.** During the past year (12 months), have you heard about activities in your community to stop stores from selling cigarettes to youth?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**O4.** During the past year (12 months), have you heard about activities in your community to stop youth from getting cigarettes from their friends or family members, for example, from posters or TV and radio ads?

- ☐
- ☐

Yes

No

I don't know/I'm not sure

**O5.** During the past year (12 months), have you heard about "sting" operations in your community to catch stores who sell cigarettes to youth under 18 years old?

☐

Yes

☐

No

☐

I don't know/I'm not sure

**O6.** During the past year (12 months), have you seen signs telling adults to call 1-800-5-ASK-4-ID if they see a young person being sold cigarettes?

☐

Yes

☐

No

☐

I don't know/I'm not sure

**O7.** During the past year (12 months), how often have you talked with others outside of school about the problem of youth getting cigarettes?

☐

Never

☐

3 times

☐

1 time

☐

4 or more times

☐

2 times

**O8.** During the past year (12 months), have you heard about activities in your community to reduce tobacco company funding of community events (such as fairs, art shows, or sporting events)?

☐

Yes

☐

No

☐

I don't know/I'm not sure

**O9.** During the past year (12 months), have you heard about efforts to pass local laws that would reduce the amount of tobacco advertising on store windows or sidewalks?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**O10.** During the past year (12 months), how often have you talked with others outside of school about the problem of tobacco advertising and marketing?

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> A lot     | <input type="checkbox"/> Hardly ever |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never       |

**O11.** During the past year (12 months), have you heard about activities to educate people about the dangers of secondhand smoke?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**O12.** During the past year (12 months), have you heard about activities in your community that encourage people to make no-smoking rules for their homes and cars?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**O13.** During the past year (12 months), have you heard about the California law that bans smoking in restaurants and workplaces?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**O14.** During the past year (12 months), have you heard about efforts to restrict smoking in outdoor places such as the zoo, playgrounds, or college campuses?

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

**O15.** During the past year (12 months), how often have you talked to others outside of school about the problem of second-hand smoke?

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> A lot     | <input type="checkbox"/> Hardly ever |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never       |

## SECTION P: SKILLS

**P1.** If your best friend offered you a cigarette and you did not want it, how easy or hard would it be to say "no"?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Very hard    | <input type="checkbox"/> Sort of easy |
| <input type="checkbox"/> Sort of hard | <input type="checkbox"/> Very easy    |

**P2.**

If your best friend offered you a cigar and you did not want it, how easy or hard would it be to say “no”?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Very hard    | <input type="checkbox"/> Sort of easy |
| <input type="checkbox"/> Sort of hard | <input type="checkbox"/> Very easy    |

**P3.**

If someone next to you were smoking and it bothered you, how easy or hard would it be to ask them to stop or move to another area?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Very hard    | <input type="checkbox"/> Sort of easy |
| <input type="checkbox"/> Sort of hard | <input type="checkbox"/> Very easy    |

**P4.**

During the past year (12 months), in which of the following activities did you participate during your free time or after school? (**Mark all that apply.**)

- |   |  |
|---|--|
| <input type="checkbox"/> Clubs (like Boys Club, Girls Club, or Scouts)                                | <input type="checkbox"/> Church group                  |
| <input type="checkbox"/> Sports (like basketball, softball, soccer, gymnastics, swimming, and others) | <input type="checkbox"/> Community service club        |
| <input type="checkbox"/> Music, dance, or theater   | <input type="checkbox"/> Other (please describe) _____ |
| <input type="checkbox"/> Arts and crafts  | <input type="checkbox"/> None of these                 |

## SECTION Q: YOUR SCHOOL

**Q1.**

What school do you attend? (**If your school is not listed below, please write in the name of your school next to “Other,” at the bottom of the list.**)

- |   |  |
|---|--|
| <input type="checkbox"/> Abraham Lincoln High | <input type="checkbox"/> El Dorado High  |
| <input type="checkbox"/> Alhambra High        | <input type="checkbox"/> Enterprise High |
| <input type="checkbox"/> Alisal High          | <input type="checkbox"/> Foothill High   |
| <input type="checkbox"/> Aliso Niguel High    | <input type="checkbox"/> Fowler High     |
| <input type="checkbox"/> Anderson High        | <input type="checkbox"/> Fullerton High  |
| <input type="checkbox"/>                      | <input type="checkbox"/>                 |



Ayala High	Galt High
<input type="checkbox"/> Campolindo High	<input type="checkbox"/> Hayward High
<input type="checkbox"/> Carmel High	<input type="checkbox"/> Hillsdale High
<input type="checkbox"/> Central High - East Campus	<input type="checkbox"/> Irvine High
<input type="checkbox"/> Central Valley High	<input type="checkbox"/> Jefferson High
Chaffey High	Katella High
Clear Lake High	Kennedy (John F.) High
<input type="checkbox"/> Coleville High	<input type="checkbox"/> King City High
<input type="checkbox"/> Concord High	<input type="checkbox"/> Laguna Creek High
<input type="checkbox"/> Crenshaw High	<input type="checkbox"/> Lassen High
<input type="checkbox"/> De Anza Senior High	<input type="checkbox"/> Lee Vining High
Del Campo High	Lindhurst High
Dublin High	Lower Lake High
<input type="checkbox"/> El Camino High	<input type="checkbox"/> Luther Burbank High

*(Continued on next page.)*

El Camino Real Senior High	Mammoth High
<input type="checkbox"/> Manual Arts Senior High	<input type="checkbox"/> San Diego Senior High
<input type="checkbox"/> Marysville High	<input type="checkbox"/> San Gabriel High
<input type="checkbox"/> McAteer (J. Eugene) High	<input type="checkbox"/> Sanger High
<input type="checkbox"/> McLane High	<input type="checkbox"/> Santa Teresa High
<input type="checkbox"/> Mills High	<input type="checkbox"/> Seaside High
<input type="checkbox"/> Milpitas High	<input type="checkbox"/> Selma High
<input type="checkbox"/> Mountain View High	<input type="checkbox"/> Shasta High
<input type="checkbox"/> Natomas High	<input type="checkbox"/> Silver Valley High

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|--|---|
| <input type="checkbox"/> Oak Grove High                  | <input type="checkbox"/> Swett High                 |
| <input type="checkbox"/> Oceanside High                  | <input type="checkbox"/> Terra Nova High            |
| <input type="checkbox"/> O'Connell (John A.) High        | <input type="checkbox"/> Tranquillity High          |
| <input type="checkbox"/> Pacific High                    | <input type="checkbox"/> University High            |
| <input type="checkbox"/> Paramount High                  | <input type="checkbox"/> Upland High                |
| <input type="checkbox"/> Piedmont High                   | <input type="checkbox"/> West Valley High           |
| <input type="checkbox"/> Pinole Valley High              | <input type="checkbox"/> Westmont High              |
| <input type="checkbox"/> Point Loma Senior High          | <input type="checkbox"/> Westmoor High              |
| <input type="checkbox"/> Poway High                      | <input type="checkbox"/> Westwood Jr/Sr High School |
| <input type="checkbox"/> Prospect High                   | <input type="checkbox"/> Wheatland Union High       |
| <input type="checkbox"/> Quincy Junior-Senior High       | <input type="checkbox"/> Ygnacio Valley High        |
| <input type="checkbox"/> Rio Linda High                  | <input type="checkbox"/> Yucca Valley High          |
| <input type="checkbox"/> Other (please write name) _____ |   |

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# THANK YOU

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